

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09931452  
APPLICANT(S) \_\_\_\_\_

FILING DATE \_\_\_\_\_

9/7/4 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		3		3		
5		0		1		
6		0		1		
7		0		1		1
8		0		1		1
9		0		1		1
10		0		1		1
11		0		1		1
12		0		1		1
13		0		1		1
14		0		1		1
15		0		1		1
16		0		1		1
17		0		1		1
18		0		1		1
19		0		1		
20		0		1		
21		0		1		
22		0		1		
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26		0		1		
27		0		1		
28		0		1		
29		0		1		
30		0		1		
31		0		1		
32		0		1		
33		0		1		
34		0		1		
35		0		1		
36		0		1		
37		0		1		
38		0		1		
39		0		1		
40		3		3		1
41		3		3		
42		3		3		1
43		/		/		1
44		1		1		1
45	/		/			1
46		1		1		1
47		1		1		1
48		0		1		1
49	/		/			1
50						
TOTAL IND.	3		3		4	
TOTAL DEP.	53		53		20	
TOTAL CLAIMS	56		56		84	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS